120035	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.													
may be poge 3 ter death			Hi/c	A. RACE	G	S. DATE O		15.	6. AGE (IN)	F DEATH MY		YEAR S 85 IF UNDER I YEAR ONTHS DAYS	2b. HOUR If UNDER 24 HRS HOURS ANN.		
Page 4	70. BI	female	REIGN	whit		TRY? 8	06*	1895	9 BALTIMO	NOURS MIN.					
death.		Md.	u I	U.S		WIDOWE	DX D	MARRIED	ll Orchastar			M 12b. KIND OF BUSINESS O			
5 PC	(ambridge	0	(IF NOT IN SUC	dge Ho	ISING HOME OR OTHER INSTITUTION REET ADDRESS). RIGE House			emake	WORKING LIFE)	INDUSTRY	7F BUSINESS OR			
within a hour pletely and 2 showing the first of the firs	13a. :	AL RESIDENCE IN NUMBER STATE Md.	36 COUN	OTHER INSTITUTION.	13/ CITY OR	TOWN				ADDRESS			21622		
MARYLA within ed within ond 2 sh	14 F/	George	Was	hingto	n Wi	llis		'S MAIDEN NA		MIDDLE		ichar	dson		
IMORE,		VAS DECEASED EVER IT YES. NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		SECURITY NO. 26-381	Joan	n Grin	dle	Chur			Md. 2162		
DIVISION OF VITAL RECORDS, 201 W. PRESTON S NG PHYSICIAN: The low requires that the death cer attending physician. After this certificate has been signed by the attending st the burial-transit permit. Then please remove corbo th and Mental Hygiene prior to burial, cremation, or re orked or Hem 18 shows any injury, or other froumatic.	FICATION	IFICATION	CERTIFICATION	Conditions, if any, gove rise to imme couse (a), stating underlying couse	which ediate the lost.	DUE TO, O (c) CONDITIONS CO	Legn	EOUENCE OF	NOT RELATE		INAL DISEAS	OPSY?	20b. IF YES,	WERE FINDING CAUSES	NGS USED
SICIAN: The ng physicio certificate by viol-transit ental Hygie ten 18 sho	MEDICAL CERT	210 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA	HOUR A.	M. MONTH M.	DAY YEAR		NJURY OCCUR		NO ATURE OF INJURY			NO []		
IVISION JG PHY offer this sthe bu	MED	21d INJURY OCCURRE		21e PLACE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCAT	ION		CITY OR TOWN	a .	COUNTY	STATE		
HOSPITAL OR XITENDI inined by the hospital or FUNERAL DIRECTOR build be detached for use the from Dept. of Heal PORTANI: If them 21 is m	-	22a I certify that (I) (sow the deceased obove, (I) (we) (di 22b, SIGNATURE 22d. PHYSICIAN'S NA/	d olive on d) (did not	t) view the body	ofter death.	19, o	DEGREE	ATTENDING PHYSICIAN SS		STAFF PHYSICIA	an		SIGNED		
BP		BURIAL, CREMATION, R	EMOVAL	23b. DATE 4/18/		23c NAME OF C		CREMATORY urchya	rd C	ATION VOR TOWN hurch	Cre	ek Do	r. Md.		
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR THOMAS F	UNER	PAL HOM	E CÂM	BRIDGE	MD.		2 2 100	REGISTRAR 25		AR'S SIGNAT			

· Constitution of the second o THE RESERVE TO SELECT AND ASSESSMENT OF THE PARTY OF THE

STATE OF MARYLAND

	6.4	- 9	5
			7

	- STATE REGISTRAR	201 20	CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST UPPEOR PRINT! WALTER	14	EITTINGHAM JR.	20 DATE OF DEATH MONTH	6/85 1:00 PN
į	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
i	male	white	03 27 1924	61 YRS	
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY U.S.A.		9 BALTIMORE CITY OR COUN Dorchester	
7	Cambridge	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Dorchester	sing home or other institution eet address) Gen. Hospital	126 USUAL OCCUPATION (TYPE OF WORL FOR MOST OF WORKING SEATOOD DUY	126 KIND OF BUSINESS OR INDUSTRY EMP.
1	13a STATE 13b C	ME OR OTHER INSTITUTION GIVE RESIDENCE BEF- COUNTY Dor. 13. CITY OR JO F IShir	OWN _ 1134 INSIDE CITY LIMITS?	130.STREET ADDRESS 7 ZIP CO	livery 21634
	14 FATHER'S NAME	MIDDLE LAST.	15 MOTHER'S MAIDEN NA	· · ·	1244
3	Walter McI			Mae	Frazier
	160 WAS DECEASED EVER IN U.S.	s. ARMED FORCES? 166 SOCIAL SE IS GIVE WAR OR DATES! 216-16-		ADDRESS P. Brittingha	m Item # 13
	IMME	er only one couse per line for (o), (b), AUSED BY: DIATE CAUSE (o) CO 4) G DUE TO, OR AS A CONSEG	STIVE HENEL	FAILURE	RETWEEN ONSET AND DEATH MACHINET AND DEATH MACHINET AND DEATH
	gove rise to immediate couse (a), stating the underlying couse lost	Due to, or as a consect	JENSION		
	Z O	TOT CONDITIONS CONTRIBUTING IT	O DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION G	SIVEN IN PART ITO
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
7	OR CONTRIBUTING . CAUSE O	DE DEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM I.	8 PART I OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased aliv	nospital) attended the deceased from the an APDIN 16 19 and not view the body after death.		deoth occurred on the dote and h	our and from the couses stated
	126 SIGNATURE	0 1.	DEGREE	AMEDICAL STATE	224 DATE SIGNED

PORTANT BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE 4/19/85 burial

23c. NAME OF CEMETERY OR CREMATORY MD. VETERANS CEM.

22e ADDRESS

503

23d LOCATION EASTERN SHORE DOR. MD.

ST CAMBADGE

24 FUNERAL DIRECTOR THOMAS FUNERAL HOME CAMBRIDGE MD.

THE PERSON OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. A STATE OF THE PARTY OF THE PAR

100126

	FOR 1 - STATE REGISTRAR	DEPA	STATE OF MARTMENT OF HEALTH CERTIFICATE	AND MENTAL HYGI	ENE REG. NO.	4 m	
1	1 DECEASED NAME FIRST (TYPE OR PRINT) MARY	WIDDLE	CALLEK	eley	20 DATE OF DEATH M	NONTH DAY YEAR	26 HOUR
4	3. SEX	4. RACE	5. DATE OF BIRTH	S 95	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS
7	70. BIRTHPLACE (STATE OR FOREIGN SCOT AND	76 CITIZEN OF WHAT COUNTS	MARRIED LI N	DIVORCED [9 BALTIMORE CITY OR WICOMICO	, DOR	MD.
3	Cambridge	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI ENSTERN Shore	HOSOITAL CE	RINSTITUTION OFER	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V RETIRED		F BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HONE) 130. STATE 130. STATE		dge YES	NO []	13e.STREET ADDRESS	ZIP CODE Rt.	50
1	14 FATHER'S NAME FIRST Colin	MCLack	olan J	THER'S MAIDEN NAM	WIDOLE	Huston	n
	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE 011-50-	6250	ormant ar Darling	ADDRES Wilbraha	14 Arbor La	ine
	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), SED BY: ATE CAUSE (a)	and al	facto		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stofing the underlying cause last.	DUE TO, OR AS A CONSECUTION OF THE TO OF THE T	Shie Hea	nt fail	un		
7	PART 2. OTHER SIGNIFICANT OT 1996. DATE OF OPERATION	CONDITIONS CONTRIBUTING 1			200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED

CERT 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING T CAUSE OF DEATH MEDICAL

YES NOL 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

COUNTY

22a. I certify that (lifthis hospital) attended the deceased from

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

P.M.

Te PLACE OF INJURY

ppinion death occurred on the date and hour and fram the couses stated AUSTRIA- NEMMA ATTENDING MEDICAL

DIRECTOR PHYSICIAN

CITY OR TOWN

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) MAHMUD RAZAN

22e ADDRESS

211 LOCATION

DEGREE

23c NAME OF CEMETERY OR CREMATORY 23b. DATE 4-10-85 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Hillcrest Park Cemetery Springfield, Hampden, Mass. Burial

24 FUNERAL DIRECTOR Marzullo Funeral Service

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

Reisterstown, Md.

APR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Colia Davidson-Randall

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT:

. the the line of the contract of the contract

			FIRST	5. DATE OF BIRTH	MIDDLE	CLAR K	o l Or	TH MATED 4	NTH DAY YEAR 26. HC
			hite	March 22	YEAR LAST BIRTHDAY	MONTHS DAYS HOL	IRS MIN PRONO	DUNCED 5	1-6 1085 g
語のと	Car	RTHPLACE (STATE OF REIGN COUNTRY) roline Co	., Md.	76. CITIZEN OF WH.	AT COUNTRY?	MARRIED NEVER A	VORCED DOT	morecity or co	DUNTY OF DEATH
∞	F	ederalsbu	rg	Rt. 1, E	ILITY, GIVE STREET ADDRESS) OX 248 E RESIDENCE BEFORE ADMISSION		FOR MOST OF V	VORKING LIFE)	ORK 12b. KIND OF BUSINESS OR INDUSTRY astics Co.
36	130 S Ma	aryland	113b. COUNT	rother institution, GIVE LY LOSTOR	13c. CITY OR TOWN	rg YES NO	of Rt. I,	Box 248	2163
991	1	Joseph		MIDDLE	LAST	IS. MOTHER'S A FIRST Sarah	?	MIDDLE	LAST
HYGIENE, DIVISION	160. V	VAS DECEASED EVE ES, NO, OR UNKNOWN) NO	JIF YES, GIVE		213-03-978				1. 19966 : 148, Millsbo
USED AS A BURIAL-TRANSIT OF HEALTH AND MENTAL HY AL, CREMATION, OR REMOVAL	CERTIFICATION	gave rise to cause (a) static lying cause la: PART 2 DTHER SIGNIFIC 190. DATE OF OPE	ng the <u>under</u> st.	(c)EDNTRIBUTING TO DEATH BE	AS A CONSEQUENCE OF UP NOT RELATED TO THE TERMIN ON FOR WHICH OPERA	AL DISEASE DR CONDITION GIVE			20. AUTOPSY?
BURIAL	CAL CERTIF	210. EXTERNAL CA UNDERLYING TOONTRIBUTING		216. TIME OF HOUR A.M. 7 PM.	MONTH DAY YEAR 1985	Self inf	urred (enter nature of		
5/	MEDICAL	21d, INJURY OCCU WHILE DO AT WORK AT		21e. PLACE O STREET, FACTO HOM	F INJURY (AT HOME, DRY, FARM, ETC.)	Rt. 1 F	ederalsbu	rg, Do	COUNTY Md.
PRI		220. I certify the		e of the remains described all causes :		Autapsy K, Insp de K, Hamicide TITLE (SPECII	Undetermined		ny opinian
PAGE STATE 1201		ACTUAL SIGNATURE	h	mue		M.D. O. Sp. 7	MEDICAL EX	AMINER SI	ATE 4/2/53
PAGE STATE		ACTUAL SIGNATURE	John E John	Mace, Jr.	M.D.	M.D.O.P. 7	MEDICAL EX		ATE GNED 4/1/ 5 3 bridge, Md. 2

102a - Mits - 1028 22 1939 7 4 4 4 to patient . - re-orie t All the state of A - Stage of the stage of the stage of the stage one and the term of the antipa sid funda according to the actions I all " I do not be not an entre entre

(VRA 15, 4)

Lines in grass Revised Section 1 · LOUIS AND AND THE CONTRACT OF THE PARTY OF The space and given and space that the space and space and the space and

1	FOR
-	STATE REGISTRAR

STATE OF MARYLAND 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

148	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	. = 3 - 7 - 8	
I. U	PE OR PRINT)	OID I W	Horner	20. DATE OF DEATH	4 19 85 26	HOUR
3. S		1. RACE Carc.	5 DATE OF BIRTH MONTH DAY YEAR 20 3	6 AGE (IN YEARS LAST BIRTH		UNDER 2
35	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR		
A A Deptified	Cambridge	Dorchester Ge	neral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FOREMAN)		
35	Md. Do		ge YES X NO		ZIP CODE	216
ox Gi		hilling Horne		Elizabeth		
ledicol	WAS DECEASED EVER IN U.S. A	RMED FORCES? WE WAR OR DATES) 214-67-		dith Camb	Glenburn Av	ve.
ofic event, th	PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b) any ED BY: (TE CAUSE (a) A CONSEQUE DUE TO, OR AS A CONSEQUE	lie Chalwortell	n A seval	APPROXIMAT BETWEEN ONS	ET AND E
io buriol, cremotion, jury, or ather froum jury, or ather froum		DUE TO, OR AS A CONSEQUE		ainat disease or cond	ITION GIVEN IN PART TO	
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES T	
d or frem 18 sh	OR CONTRACTOR TO CAUCE OF BU	HOUR A.M. MONTH DA	211 LOCATION	RED (ENTER NATURE OF INJURY		
21 is morked.	220. I certify that (I) (this has	(AT HOME SIRRET, FACTORY, OFFICE, F	SIREET SIREET 1985, and that in (my) (aur) apinian	to 4- death occurred on the dat	19.85, tho	(II)(w
IMPORTANT: If hear	276 SIGNATURE 27d PHYSICIAN'S NAME (TYPE	falle	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICI		ENED
₹ ₹ 730	BURIAL, CREMATION, REMOVA (SECIFY) DUTIAL		NAME OF CEMETERY OR CREMATORY OR. MEMORIAL PA	23d LOCATION COLTY OR TOWN RK CAMBRIE	OGE DOR.	4D 51/

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR THOMAS FUNERAL HOME CAMBRIDGE MD, 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FOR A COM attended in the state of the second of the s AND THE SECTION AND LESS OF THE RESIDENCE OF THE PARTY OF THE PARTY. The selection of the se

	1 -	FOR STATE REGISTRAR		C	EPARTMENT OF H	E OF MARYLAND TEALTH AND MENTAL TICATE OF DEATH		G. NO.	3	
134010	I. DE		FIRST	MIDDLE		AST	2a. DATE OF DEA		DAY YEAR	26 HOUR
3 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(TYPE	OR PRINT)	DIA	m.	J	ONES		4 3.	0 85	3:20A
je 4 may reter. pag	3. SEX		4. RA	CAUL	5. DATE (6 AGE (IN YEARS)	AST BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
neral dire		RTHPLACE (STATE OR FOR COUNTRY) MAMLANT		TIZEN OF WHAT CO	DUNTRY? 8. MARRIE	D NEVER MARRIED	7	CHESTER		^
by the furthfiled with		CAMBRIDG	E G	LAS 60W	NURSING	OR OTHER INSTITUTION		NOST OF WORKING LIFE	12b. KIND C INDUSTRY	OF BUSINESS C
filled in sould be	13o. S	Md.	b COUNTY Dor.	113c CITY	or town oridge	13d INSIDE CITY LIMIT	311 G1	enburn	Ave.	21613
16091		THER'S NAME FIRST BEW)		F	MILLS	15. MOTHER'S MAIDER FORST	MID	DIE	BRAT	WAREK.
(8)/		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED F	00011111	1-07-7927	DE WOW		211 5 AN		RC
the death certifically the attending phy remave carbon paremotion, ar remover traumatic event		18 CAUSE OF DEATH PART I. DEATH WAS IN Conditions, if any, v gave rise to imme cause (0), stating	S CAUSED BY: AMEDIATE CAI which diate	USE (0) C	ONGESTIVE ONSEQUENCE OF 13 CVD	HEART	FAILURE			MATE INTERVAL ONSET AND DEATH of E hus.
he law requires that on. has been signed by permit. Then please ene prior to bural, cr bwsony injury, ar ath	CERTIFICATION		ICANT COND IL BM	(c) HITIONS CONTRIBUT FIN SYND	NO TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR	20b. IF YES	, WERE FINDII YING CAUSES	NGS USED
YSICIAN: The	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH	P.M.	NTH DAY YEAR		CCURRED (ENTER NATURE C	DF INJURY IN ITEM 18 P	ART I OR PART 2)	
NG PHY offer this os the bit th and M orked or	MED	21d INJURY OCCURRE	1	THE PLACE OF INJUR AT HOME, STREET, FACTOR	Y PY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
OR ATTENDIO OR ATTENDIO DIRECTOR: A sched for use Dept of Heal		22a I certify that (1) saw the deceased obove. (1) well did 22b. SIGNATURE	alive an_ (did not) view	4//30 v the body after dea	19_83, a	DEGREE	nian death occurred an	the date and have	and Iram the	
TO HOSPITAL oretained by the TO FUNERAL should be detained the State IMPORTANT: If		22d. PHYSICIAN'S NAN	LE (TYPE OR PRINT	Jerry L. Morry		PHYSICIA 22e ADDRESS 503	BYPN STA	HYSICIAN [AMB.	30/83 m.Q.
7 F 2 2 4		URIAL, CREMATION, RE	MOVAL 23b			EMETERY OR CREMATO			COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		DUT1AL INERAL DIRECTOR	-7007	5/2/85 forcut be.			yard Nea	TRAR 256. REGISTI		

START LOVE ALTERNATION TO The first of the second of the

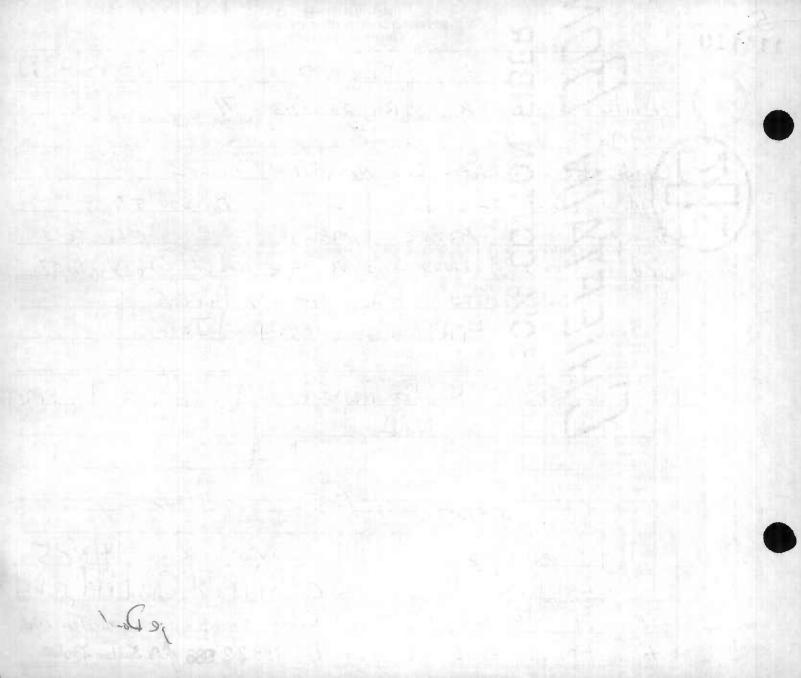
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR	REG. NO.	
	DECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY	26 HOUR O
1	Hovo	Teone 1 1/3/	BY PM
3.	SEX	J. DAIL OF BIRTH	DAYS HOURS MIN.
	Male	Black Aus 28 1913 71 YRS.	DATS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTRY? IS	ATH,
5	COUNTRY)	MARRIED NEVER MARRIED DIVORCED DOOD NO	548 MD.
10	CITY OR TOWN OF DEATH		KIND OF BUSINESS OR
5	Cambridge	Dorchester Gene Hospital laborer	
4	JOUAL RESIDENCE (IF NUISING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE	211/12
)	Md. Da	-chester Cambridge YES WNO Barns ST.	21013
14	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
1	Draper	MIDDLE KEENE Many Che	os To-
10	60 WAS DECEASED EVER IN U.S. A		/
	(YES, NO OR UNKNOWN) (IF YES G	50 214-07-89>2 Ma Hie Keere 626 De	us 1955%.
F	18 CAUSE OF DEATH (Enter o	only one cause per line for iqu (b), and q:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (0) CAROLO KODINATON HONOST	
		DUE TO, ORAS A CONSEQUENCE OF	MILITER STORY
	Conditions, if any, which	BOAINSTOM (TOMHONP) INTARCT	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	1
	underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
1	PARLA OTHER SIGNIFICANT	CONDITIONS CONTRAUTING TO DEATH BUTHOT RELATED TO THE TERMINAPPISEASE OF CONDITION GIVEN IN	PARLLIN
	CONCUR	cond Houte Autenor Myorardual	LNHACKU
7	THE DATE OF OPERATION THE DATE OF OPERATION THE DATE OF OPERATION		E FINDINGS BSED CAUSES OF DEATH?
	E NIA	N A YES D NOD YES D	NO []
	71a ACCEPHT WAS UNDERLYING		EVART TY
	S CONTRIBUTING CAUSE OF DE	The state of the s	
	THE INJURY OCCURRED	THE PLACE OF INJURY THE EOCATION	MATE VALLE
	Al work Sel work	(AT HOME SHEET, FACTORS, OFFICE, FARM, ETC.)	
1	-	pital) attended the decegned from 4/3/05 19 to 4/3/8519	that (I) (we) last
Ъ		and that in (My) jour again death occurred on the date and hour and to	ram the couses stated
1	229 SECSLATURE		2c DATE SYNNED
1	101111000	ATTENDING MEDICAL STAFF	+/3/2
+	27 PHYSICIANS NAME THE		11/6
	MANDAL	Convinte How Even of Country	ridge Wid
+	IN BURIAL CREMATION SECTION	AT 17th DATE 12th MANE OF CEMETERY OR CREMATORY 12th LOCATION	Targe 1119
1	IN BURIAL CREMATION, REMOVA	6/7/90 R. T. 1 (0.0 10 CONCA POWN.)) COM	7 7 201
1	A FUNERAL DIRECTOR	17/183 DE INC CEME CAMBA GRE US-	Master / 104
1	TONERAL DIRECTOR	APR 22 nos CA Mill	. Denless.



1- ST	GISTRAR			PEPARTMENT OF DICAL EXAMIN	HEALTH		NTXL HY		REG. 1	NO.		
(TYPE (FIRST	ELA:			-AMBL		OF DEAT	ESTI- H MATED	MONTH	29 19 8.	5 825
3. SEX		ite '			PAY) MONT		HOURS 1	MIN PRONO	UNCED AD	MONTH -	29 19 8.	025
7a. BIRT FORE	HPLACE (STATE OR IGN COUNTRY)		U.S.	. A.	WIDOV		DIVORCED		Dor	chest	Y OF DEATH	WE
30	or town of DE	e	Dorche:	PITAL, NURSING HOM ILLITY, GIVE STREET ADDRESS) STET Gene	eral	Hosp.	ION	FOR MOST OF W	UPATION (T ORKING LIFE) ent	YPE OF WORK	12b. KIND OF I OR INDUS	BUSINESS STRY
130. SIA	RESIDENCE (IF IN NU	136 COUNTY DOT.	HER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 13. CITY OR TOWN Cambride	je	134 INSIDE CIT	Y LIMITS?	3. STREET ADD	Ress	St.	21613	3
R lée W	HER'S NAME FIRST OGET AS DECEASED EVER		H.	Lambert 166. SOCIAL SECURIT	TY NO.	15. MOTHER FIR BE	essie		ADDRES		Carter	
(YES,	NO. OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)					. Evan		tem #	13	
	cause (a) stating lying couse last. ART 2 OTHER SIGNIFICAN 90. DATE OF OPERA	T CONDITIONS <u>CON</u>	(c)RIBUTING TO DEATH BU	AS A CONSEQUENCE JT NOT RELATED TO THE TERM ON FOR WHICH OPER	MINAL DISEAS			1 (0).				
TIFIC	10 EXTERNAL CAU		21b. TIME OF								20 AUTOPS	
EDICAL	INDERLYING ONTRIBUTING ONTRIBU	OR CAUSE OF DEA RED	HOUR A.M. 73 P.M. 21e PLACE OF	MONTH DAY YEAR H 29 19 & FINJURY (ATHOME. DRY, FARM, ETC.)	21f. LO	MOTO A		CITY OR T	DENT	COU		STATE CAM
A	220. I certify that death resulted from ACTUAL IGNATURE XAMINER'S NAME, TYPE OR PRINT)	: Natural co	the remains described by the remains described	ribed obove, held on Accident Su	Autap vicideM	Hamicid	Inspection de ,	Inquir Undetermined r MEDICAL EXA	y	DATE	nion	9-85
230.BUR (SPE	IAL, CREMATION, R CIFY) burial	EMOVAL 236 D		23c. NAME OF CEA	METERY O	RCREMATOR	RY	23d. LOCATION		Dor.		STATE
	MAS FUN	ERAL H	OME ADDRESS	AMBRIDGE	MD.	25	MAY	0 6 198	5 Pul	ISTRAP'S SK	GNATURE CONTRACTOR	æ.

attended the war other with THE FAIR IS COMMON IN THE CONTROL Manual is the distance connected for an army MAY O & BUS ... Strather to Mordese ...

6 4	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
114403		TEASED NAME FIRST MODIE OF AMARIA 120 DATE OF DEATH MONIM DAY YEAR 13 85 508/
	A. 580	1 RACE S. DATE OF BIRTH MONTH DAY YEAR 1 1910 75 YRS. WONTHS DAYS HOURS MIN
		RTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DORCHESTER CO. MARRIED DORCHESTER CO. MARRIED MOOKED DORCHESTER
Soft after a	10 CI	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SWENFACULITY, GIVE STREET ADDRESS) 120. KIND OF BUSINESS OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SWENFACULITY, GIVE STREET ADDRESS) 12. KIND OF BUSINESS OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
24 hour	USU/ 130. S	TATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 2163 158 STREET ADDRESS / ZIP CODE 2163 158 STREET ADDRESS / ZIP CODE 2163
with a wi	14. FA	THER'S NAME INDUSTRIANCE LAST LAST SULSAN MIDDLE LAST MIDDLE LAST MIDDLE MIDDLE MIDDLE MIDDLE LAST MIDDLE MIDLE MIDLE MIDDLE MIDLE MIDLE MIDLE MIDLE MIDLLE MID
Boden 1		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 213-14-6884
equires that the death cer is upped by the attending Their pleads remove carbo to build, commission or in injury, as other traumatics	NOI	DUE TO, OR AS A CONSEQUENCE OF Conditions, it ony, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a
de los de	CERTIFICAT	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 706 AUTOPSY? 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1970 NO 19
Class 1		218. ACCIDENT WAS UNDERLYING AUSE OF DEATH OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF INJURY A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
ottendin the No of Me by rhed or 1	MEDICAL	214 INJURY OCCURRED 214 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) 217 CITY OR TOWN COUNTY STATE
VITENDR gental or CTOR. A for one of Health		270.1 certify that (1) (this haspital) attended the deceased fram
AL OR A the har of the har of the har of the detoched one Dept.		27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
D HOSPITAL mained by 4 O FUNERAL hould be det		27d PHYSICIAN'S NAME (TYPE OR PRINT) W-S-SHAMITT. 27e ADDRESS
BP		BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CITY OR TOWN CITY OR TOWN Developed Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	UNERAL DIRECTOR NAME TEWANT FUNE-a (Hone Salisbuy MY APR 22 1985 file Deviden - Hondales)

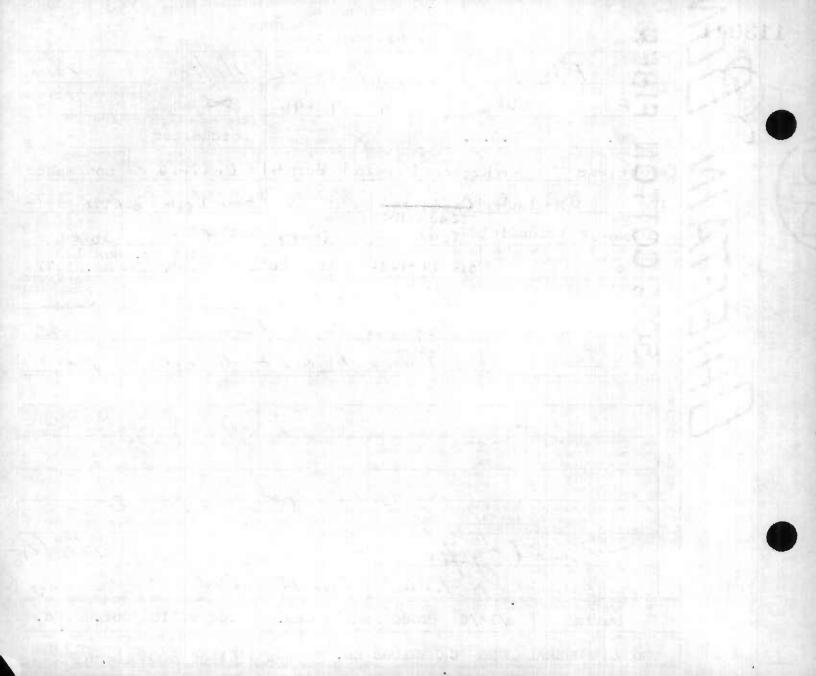


DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

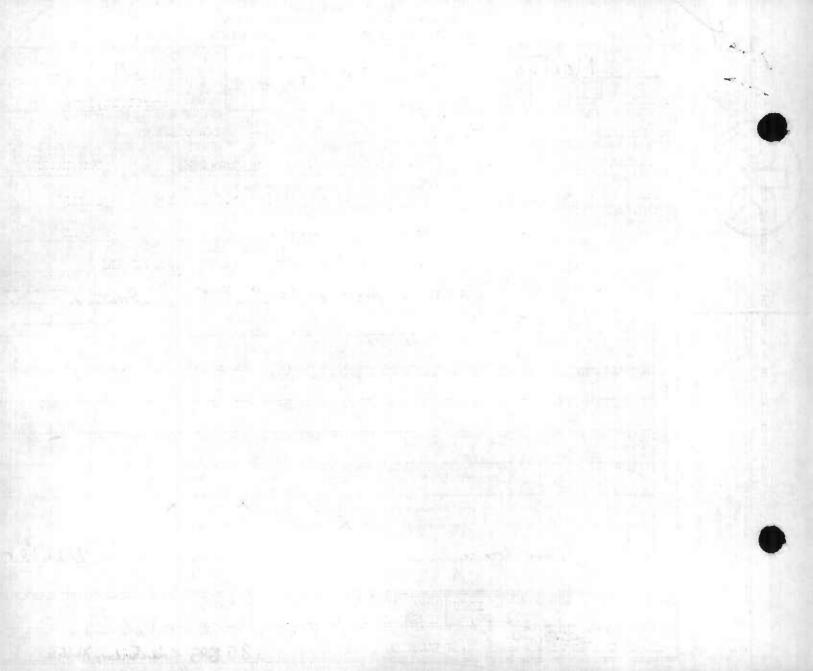
THOMAS FUNERAL HOME CAMBRIDGE MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

APR 17 1085 Like Burdon-Rindale



W	1-	FOR STATE			STA DEPARTMENT OF DICAL EXAMIN	HEALTH			5 0	4		
19096	I. DE	REGISTRAR CEASED NAME PE OR PRINT)	Marth.		MIDDLE ELLEN	Phi	PHILLIPS		REG. NO.	il 22 19 85	26 HOU	
IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. 3E 5 OF YOUR PLES. ED. IN PRESTOR STREET,	3. SE			DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UN AY) MONTH	DER I YR IF UNDE	R 24 HRS. 24. DATE MIN. PRONOUNI DEAD	CED	TH DAY YEAR	2d HOU	
S TO THE FUNERAL D N PAGE 5 OF YO S BE FILED, WITHING SOS 201 W PRESTO 	70. B	IRTHPLACE (STATE DREIGN COUNTRY)		CITIZEN OF W		1.	ED NEVER MARI	RIED 7. BALTIMO		22,1985 UNTY OF DEATH	/	
AS A BURIAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED. EALTH AND MENTAL HYGIENE, DIVISION OF MALE RECORDS 201 W CREMATION, OR REMOVAL.	10. C	ITY OR TOWN OF		NAME OF HO	SPITAL, NURSING HOMI ACILITY, GIVE STREET ADDRESS) TER GENERAL	OR OTH	ER INSTITUTION	120 USUAL OCCUP FOR MOST OF WORK HOUSEWIFE	ING LIFE)	OR INDUSTI	RY	
25	USU,	AL RESIDENCE (IF) STATE MD	13b. COUNTY DORCHES		NE RESIDENCE BEFORE ADMISSE 13c. CITY OR TOWN CAMBRIDGE	ON)	13d INSIDE CITY LIMITS? YES NO K	13e. STREET ADDRES	SS	21613		
90		ATHER'S NAME FIRST ROBERT	F.	AIDDLE	BOWERS		15. MOTHER'S MAIE FIRST VIRGINIA	DEN NAME	DDLE	SOLLEY	72.51	
ISIONO	NC	res, no, or unknown	VER IN U.S. ARMED	D FORCES? R OR DATES)	166. SOCIAL SECURIT 214.48.12		17 INFORMANT KENNETH E	(HUSBAND) PHILLIPS S	ADDRESS AME AS #	13		
IND, 21201 PRIOR TO BURIAL, CREMATION,	ATION	CERTIFICATION	PART 2 DINER SIGNIF	FICANT CONDITIONS <u>CON</u>		RUT NOT RELATED TO THE TERM			ART 1 (a).		20 AUTOPSY	?
Z Suking	AL CERTIFIC		CAUSE WAS OR CAUSE OF DEA		MONTH DAY YEAR	21c HC	W INJURY OCCURR	ED LENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 C	YES T	NO []	
	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY (AT HOME, TORY, FARM, ETC.)	211 100	ATION	CITY OR TOW	N	COUNTY	STATE	
BALTIMORE, MARYLAND, 2		22a I certify the death resulted for a CTUAL SIGNATURE	from: Natural c		Accident , Su	Autops	Homicide	Undetermined mor		y apinion TE	185	
BAL	(:		AL AP	PRIL 26,	B5 23c. NAME OF CEA KINGSLEY	AETERY OR		23d LOCATION CITY OR TOWN CHESTER	QUEEN A		ATE	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFIC ATE OF DEATH

8	1-	FOR STATE REGISTRAR			DEPARTI		ICATE OF	MENTAL HYGI DEATH	ENE	REG. NO).				
	1. DE	CEASED NAME F	annie		MIDDLE		AST Ruan	k	20 DATE OF		MONTH	DAY	YEAR	2b. HOU	R
	(TYPE		FANN	IE LO	OUISE	To	WARI				4	6 8	25	6:	30Am
ŭ	3. SE			RACE		S. DATE C			6. AGE (INY	EARS LAST BIRT	HDAY)	IF UNDER		IF UNDER	
6		F	3.74	CA	UC	MONTH	DAY LA	YEAR	/	74		MONTHS	DAYS	HOURS	MIN.
6	7n. BI	IRTHPLACE (STATE)	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMO	RE CITY OF	YRS.	Y OF DEA	ATH		_
	(MARYLA		116	A		D NEVER	MARRIED '		-	ett				
1	10. CI	ITY OR TOWN OF D		1. NAME OF	HOSPITAL, NURSIN	WIDOWE O	-	NORCED	17n IJSIJAI	OCCUPATION			(IND OF	RUSINE	MD.
2		10000	ROCE	LIF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)			(TYPE 95 WOR	K FOR MOST OF		IFE) INDI	JSTRY	11-	
4	Tistle	AL RESIDENCE (IF N			HESTUER A		CALICAU	SP.	1.0	TIPLE	D	5/	100 P	G EY.	PER
5		md	136 COUNT	Y	ishing	'N -	13d INSIDE (NO NO	13e STREET	ADDRESS /			XXX	x 23	1634
6	14. FA	ATHER'S NAME		DDLE	LAST		15 MOTHER	S MAIDEN NAM	\E	WIDGIE					
/	5	GEO	RUE	W.	(FAR	PER		CEDRI	. 1A-	WIDOLE		DI	XON	7	
1		WAS DECEASED EV			166 SOCIAL SECU	JRITY NO.	17 INFORMA	ANT		ADDRE	SS		,		
		NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	214-17-	-7459	GEO	REF 14	ARREN	- 8	128-	056	2	-	
М		IA CAUSE OF DE	ATH /Enter only	one couse per			1000					0.5	APPROXIM	ATE INTER	VAL
		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) MYOCADDIBE INFARCTORN											13 A		DEATH
													1000		
		Condition II o	11.1	DUE TO, O	R AS A CONSEOU		2000	ASCUT					1/	nc	
		Conditions, if any, which gove rise to immediate									1.0				
		underlying cou		DUE TO, O	R AS A CONSEOU		= m	ELLITU	_				41	20	
		DADI 2 OTHERS	Churic Anit Co	(c)									/.		
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								VEN IN P	ARI Ho				
-	CERTIFICATION	190 DATE OF OPER	PATION	19h COND	ITION FOR WHICH	OR WHICH OPERATION WAS PERFORMED			IN CERTIFY				S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
7	FIC.	I DAIL OF OIL		110 00110	The Condition of the Hold was removed			JKINED .							
_	ERT	210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY				131. HOW IN HURY OCCUPA			IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7)						
		OR CONTRIBUTING			M. MONTH D	DAY YEAR			D (ENTERNA	LTURE OF INJUR	Y IN ITEM 18	PART QR P	ART 2)		
	MEDICAL	(IF EITHER NOTIFY M		_	M.	19	100 100 170	201							
	MED	21d INJURY OCCU		218 PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC)	211 LOCATE			CITY OR TOV	VN .	COU	NIY	51	ATE
		AT WORK	WHILE WORK						HOME:		1				
		220.1 certify the	(I) (this hospite osed afive on did (did not)			85,01	nd that in my	our) opinion de	, to eath occurre	d on the do	te and hou	19		ot G	
×		226. SIGNATURE	0/	0 ,	10	57 118	DEGREE					220.	DATES	IGNED	
1			Mu	but	d the	ery	my.	PHYSICIAN E	DIRECTOR	STAF PHYSIC	AN 🗌		1/6	185	
		22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)		1	22e ADDRES	SS							
											44				
	23o. B	BURIAL, CREMATIO	N, REMOVAL	23b. DATE		NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	ATION OR TOWN		COUNTY			ATE
		burial		4/9/8	35 Do	orche	ster .	Mem.Pa:		ambr	idge		or.	Mc	
	24_FL	UNERAL DIRECTOR			ADDRES6			250. DATE	REC'D. BY R	EGISTRAR	56 REGIS	TRAR'S S	GNATU	RE	
	K	THOMAS	FUNER	AL HO	ME CAMBI	RIDGE	MD.	ADD 4	4 400	G. A	1. K	. ,	50		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

WEORTANT: If He

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

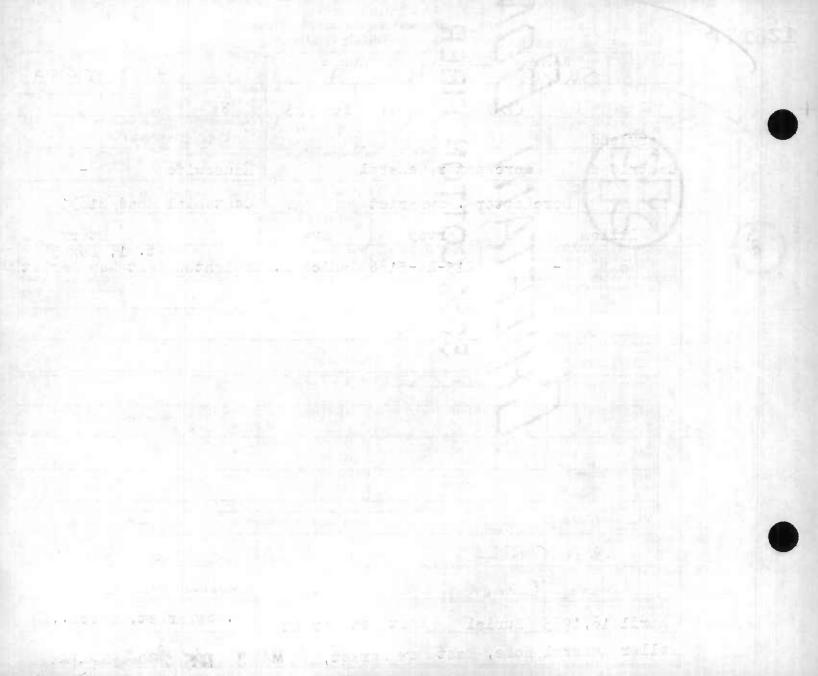
09	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
1. [DECEASED NAME	FIRST MIDDLE	LAST		DAY YEAR 26. HOUR 5				
	Claro	V	Sage	4 2					
1	SEX	4 RACE	5. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS				
	Female	Write	9 16 00	1 6741					
Star In	BRTHPLACE (STATE GRADE		Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
5	W. Va.	U.S.A.	WIDOWED DIVORCED	Dorchester	N				
30	ambridae	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS) C General Hosp.	(TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS O INDUSTRY				
20	MD	SHOWEOR OTHER INSTITUTION GIVE RESIDENCE BEF 18 COUNTY 13C CITY OR TO DORCHESTER CAM B	PLOGE YES NO [1 vollace st a	1 7 7 7 7				
91	Leslie	R. Kepling	jer Dena		untzing				
160	WAS DECEASED EVER IN			ADOS She	epherd Ave.				
/ _	NO		-8386 Marlene	77	dge Md. 21613				
	18 CAUSE OF DEATH	(Enter only one cause per line for (a), (b), S CAUSED BY:	ond (ch.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	IA	AMEDIATE CAUSE (a) C ARDI	nc ARREST		2430RM				
	100.50	DUE TO, OR AS A CONSEC	DUENCE OF		YEARS				
2		lost. (c) HYPERT	ENSIVE ARTURIOSCI	TERMINAL DISEASE OR CONDITION GIV					
9	19a. DATE OF OPERATION	ON 196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?				
9	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART (OR PART 2)				
/ WEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE				
	220.1 certify that	his hospital) attended the deceased from	1981 19_	85 to 4-8	19_ \$5 _, that (I) (we) lo				
	saw the deceased obove, (1) (we) (dia	olive on	, ond that in (my) (our) op	inian deoth accurred on the date and hou	and from the causes stated				
	obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
1	22d. PHYSICIAN'S NAM	NE (TYPE OR PRINT)	100 ADDDECC	AIT BIRECOK BY MISICIAL TO					
	Me	S-5 4 12 1-12	F F, My.						
230	BURIAL, CREMATION, RE	MOVAL 236 DATE 23	NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION	COUNTY STATE				
	burial	5/2/85 N	Maysville Cem.	Maysville	Grant W.Va				
B4 24	FUNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 256. REGISTI					
	THOMAS FUN	ERAL HOME CAMBI	RIDGE MD.	AV 7 1005 Sis Navi	don-Randelle				
			W.						

C00161 the second secon the management of the second second second second

\$120044	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEI CERTIFICATE OF DEATH	NE REG. NO.				
ge 4 may be ectar, page 3	1 DECEASED NAME (TYPE OR PRINT) 3 SEX 4 RACE	M. SHENTON	AGE (IN YEARS LAST BIRTHDAY) AGE (IN YEARS LAST BIRTHDAY) BY WONTHS DAYS HOURS MIN				
s ofter deofn. To by the funeral dir filed within 72 hay forkled dignets.	Md. U. NAME OF H	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 1	BALTIMORE CITY OR COUNTY OF DEATH Dorchester MD. Re USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY NOME TO WORKING LIFE! INDUSTRY NOME TO MORE THE NOME TO MORE THE NOME TO MORE THE NOME				
enerchenden in the second complete in the second second second 2 should be nedical endant in the second sec	Md. Dorchester FATHER'S NAME FIRST Charles MIDDLE MIDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE	13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13	ADDRESS Brannock				
RDS, 201 W. PRESTON 31., and requires that the death carbidians a segred by the attending physic Their please senate carbinological to burial, cremation, or removal navy, or other traumatic event, it	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CO	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF					
DIVISION OF VITAL RECO	21a. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCOUNTED	M MONTH DAY YEAR M 19 PENJURY STREET STREET	208 AUTOPSY? 208 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE				
TO HOSPITAL OR ATTEND centined by the hospital of TO FUNERAL DRECTOR should be defected for or with the Stote Dept of Hos IMPORTANT, if hem 21 is n	22a L certify that (I) (this hospital) attended the sew the decreased alive an above. It is decided to decrease the body 22b. SIGNATURE (TYPE OR PRINT) 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE	DEGREE ATTENDING	to				
BP DHMH - 16 60M 7/B4 (VRA 15, 4)	(SPECIFICATION 4/18/ 24 FUNERAL DIRECTOR THOMAS FUNERAL HOME	/85 DOR. MEMORIAL PK.	CAMBRIDGE DOR. MD. STATE CAMBRIDGE DOR. MD. STATE CC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE				



. 30 manthing



riotune . Heemin.

STELL Former ed.57 Additional to the second

Teligati Cararat Cararat Later to reference and telegraph

Turviland | Domain that Federal abunt a | 1 | 1 | 1 | 5 on 290

215-16-2409, harv J. harlelt, I. J. ox 190, heldelte

with the little to the second description of the second se

STATE OF MARYLAND

with the same and on the same of the same

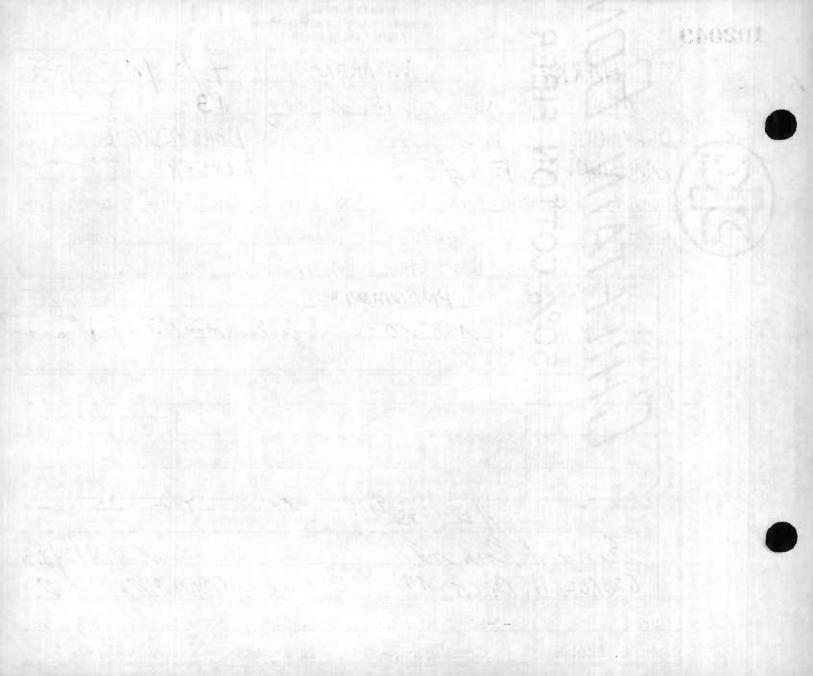
					200		And .
EP	ARTMENT	OF	HEALTH	AND	MENT	AL	HYGIENE
	CE	RTI	FICAT	E OF	DEATE	H	

~	REGISTRAR				REG. NO						
	THE SEMBLE HARK	2V	AIDDLE WA	RREN	20 DATE OF DEATH / MONTH	105 10 AM					
	M ale		hite S. DATE C	DAY YEAR	6 AGE (IN A SIRTHDAY) /						
3	DELAWANE	h	MARRIE WIDOWE	DIVORCED	BORCHIES	tER MD.					
3	(AMBRIDE	(IF NOTUNEUC	HOSPITAL, NURSING HOME OF ACTUAL STREET ADDRESS)	DR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR INDUSTRY					
5	Maryland C	County Caroline	GIVE REMOTE DEFORE ADMISSION) 134 CITY OR TOWN Greensboro	YES X NO	130 STREET ADDRESS / ZIP CO						
0	Charles	WIDDIE	Warren	15 MOTHER'S MAIDEN NAME FIRST	WIDDLE	Porter					
2	I WAS DECEASED EVER IN U. 1485, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 215 26 5767	Olivia M. Enr	ADDRESS right Wilming	aton, DE					
	18 CAUSE OF DEATH LENTER ONly one cause per line for in the ondice BY PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Facture. Grove rise to immediate										
2	gove rise to immedia couse los, stating the underlying cause los PART 2 OTHER SIGNIFICATION TO THE DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	DUE TO, OF	R AS A CONSEQUENCE OF DITRIBUTING TO DEATH BUT TION FOR WHICH OPERATIO		INAL DISEASE OR CONDITION 200 AUTOPSY? 200. IF	GIVEN IN PART TIO					
7	PHILIP		F MAIN PM	In Howards	YES NO	PRTIFYING CAUSES OF DEATH? YES NO NO					
1	OR CONTRIBUTING CAUSE. (IF EITHER NOTIFY MEDICAL EXP THE INJURY OCCURRED WITH CONTRIBUTION OF THE INJURY OCCURRED 220.1 certify that the this saw the deceased ali above, (1) (we) (did) (di	OF DEATH MAINER) P. / Zie PLACE ((AT MOME STR hospital) ottended the	M. MONTH DAY YEAR M. DF INJURY BET FACTORY, OFFICE, FARM, ET. Deceased from Office death.	2H LOCATION	CITY OR TOWN to MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE 19 , that (I) (we) lost have and from the causes stoted 27c. DATE SIGNED					
	GEORGE	H. BE	CH MM)	F.5140	CAMBA	110 1= MM					
	230 BURIAL, CREMATION, REMO (SPECEY) Burial 24 FUNERAL DIRECTOR	236 DATE 4-6-8		emetery or Crematory Cemetery 256 DATE	23d LOCATION CITY OR TOWN Harrington E REC'D. BY REGISTRAR 25b. REC	Kent DE					

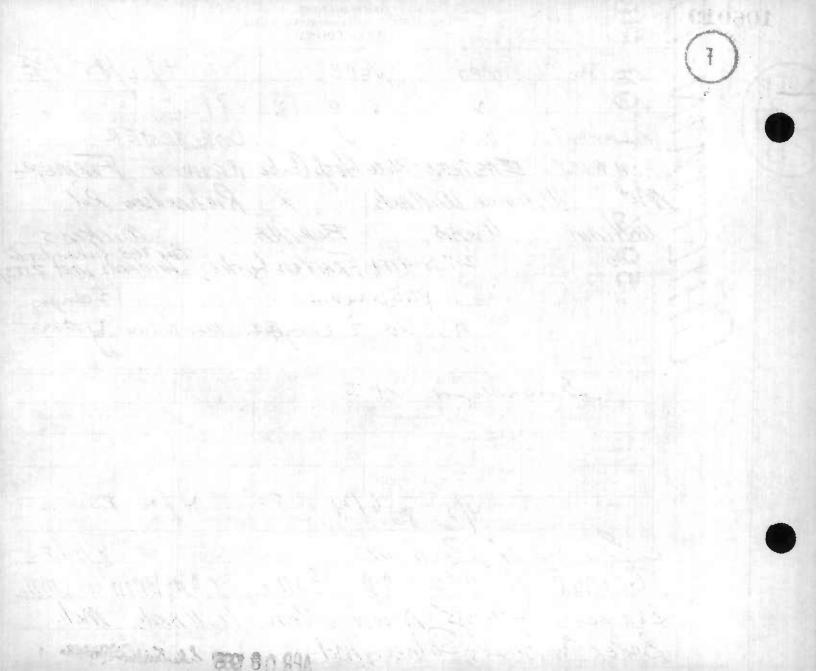
DHMH - 16 60M 7/84

Burial
24 FUNERAL DIRECTOR
John E. Boulais (VRA 15, 4)

Greensboro, MD



106019	1	FOR DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH	5 1 2
AND 21201 In 24 hours after death. Page 4 may be yilled in by the funeral director pay hould be filed within 72 hours after failt within 72 hours after failt with be aptified example.	3. SE 7a. E 10. d	REG CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH 20. DATE OF DEATH ALRACE S. DATE OF BIRTH MONTH DAY FEAR AMARRIED NEVER MARRIED NEVER MARRI	YOR COUNTY OF DEATH ATION 1126 KIND OF BUSINESS OR
BALTIMORE, MARYLAND cote be executed within 24 ysicion and campletely filler ppers. Pages 1 and 2 should vol. it, the medical examiner fines	160	ATHER'S NAME MIDDLE	Wilkins
es that the death certificates that the about certificates remove corbang puriol, cremotion, or remotivol, or ather traumotic even	NOI	18 CAUSE OF DEATH Enter only one couse per line for (a), (b) and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Colony Toulum Part 110 DINDITION GIVEN IN PART 110
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requirestained by the hospital or attending physicion. TO FUNERAL DIRECTOR. After this certificate has been signoid be detached for use as the buriol-transit permit. There with the State Dept. of Health and Mental Hygiene prior to be IMPORTANT: If them 21 is marked or Item 18 shows any injury.	MEDICAL CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING YES NO [2] 210. ACCIDENT WAS UNDERLYING YES NO [2] 210. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210. I Certify that (I) (this hospital) attended the defensed from saw the deceased alive on obave. (I) (we) (did) (did not) view the bady ofter death. 220. I CERTIFY THAT (I) (this hospital) attended the defensed from DEGREE ATTENDING MEDICAL SPHYSICIAN SNAME CORE OF PRINT) 221. DEGREE ATTENDING MEDICAL SPHYSICIAN DIRECTOR PHY 222. ADDRESS 222. ADDRESS 223. ACCIDENT WAS UNDERLYING NO [2] 224. DATE OF ORDITAL SPHYSICIAN DIRECTOR PHY 225. ADDRESS 226. ADDRESS 226. ADDRESS 227. ADDRESS 228. ADDRESS 228. ADDRESS 229. ADDRESS 220. ACCIDENT WAS UNDERLYING NO [2] 220. ADDRESS 220. ACCIDENT WAS UNDERLYING NO [2] 220. ACCIDENT WAS UNDERLYING NO [2] 2210. TO CASH OF INJURY (AT HOW INJURY OCCURRED (ENTERNATURE OF III) 2210. TO CASH OF INJURY (AT HOW INJURY OCCURRED (ENTERNATURE OF III) 2210. TO CASH OF INJURY (AT HOW INJURY OCCURRED (ENTERNATURE OF III) 2210. TO CASH OF INJURY (AT HOW INJURY OCCURRED (ENTERNATURE OF III) 2210. TO CASH OF INJURY (AT HOW INJURY OCCURRED (ENTERNATURE OF III) 2210. TO CASH OF INJURY (AT HOW INJURY OCCURRED (ENTERNATURE OF III) 2210. TO CASH OF INJURY (AT HOW INJURY OCCURRED (ENTERNATURE OF III) 2210. TO CASH OF III (III) INJURY OCCURRED (ENTERNATURE OF III (IV) INJURY OCCURRED (ENTERNATURE OF III (2 19 that (I) (we) lost and hour and from the couses stated
PP	×	SURIAL, CREMATION, REMOVAL 236 DAJE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (113 OR 104) LUNION 14 4 4 4 985 New Hope Em 256 DATE REC'D. BY REGISTR.	AROS COUNTY MO. STATE AR 756 REGISTRAR'S SIGNATURE



F10:	2078	1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	EALTH AND MENTAL?		REG. NO		3	
2	1		OR PRINT)	FIRST ///	RACE	A	W.	WHAPLES apples		ATE OF DEATH 04 - 0 E (IN YEARS LAST BIRT	8-8	JAY YEAR	26 HOUR 9 9 M IF UNDER 24 HRS
-	1)		Female RTHPLACE (STATEORFOR	reign 7h.		COSIAN WHAT COUNTRY?	6.2	- 06-05	9. BAI	80	YRS	OF DEATH	HOURS MIN.
O the other	102	L	OUNTRY) OOR CO. Md TY OR TOWN OF DEATH	4 11.	U.S.		WIDOWE	DIVORCED ROTHER INSTITUTION	120 U	Darche SUAL OCCUPATION	ON	12b. KIND C	MD.
1201			ambridge	G HOME OR OTH	G/959 IER INSTITUTION	CH FACILITY, GIVE STREET OU) /YUY GIVE RESIDENCE BEFOR	SING	Hone		anstre	_	CCTSE	hing
rLAND 2	ely filled		Md III	Oor Oor	•	Cambr	de	13d. INSIDE CITY LIMITS YES NO 1	21	COWashin		st	2/6/3
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours	s 1 and 2		John VAS DECEASED EVER IN	MIDI I U.S. ARME		Abbat 16b SOCIAL SECU	JRITY NO.	Nanc	/	ADDRE	SS	Wit	Ley
aLTIMOR	ers. Pages I.	(1	NO	(IF YES, GIVE W		214-07		May Nard	Wha	ohes 10.	Harri		combridge imate interval onset and death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 84 ING PHYSICIAN: The low requires that the death certifical ortending physician.	ined by the attending physis please remance carbanapap surial, crematian, ar remana y, ar other traumatic event,		Conditions, if ony, s gave rise to imme cause (a), stating underlying cause	which diote the lost	DUE TO, O (b) DUE TO, O	R AS A CONSEQU	ENCE OF	MA -	Col	DISEASE OR CONI	DITION GIVE	1,	yr.
A RECORDS he low requi	has been sig t permit. Ther ene prior to b ows any injur	CERTIFICATION	190 DATE OF OPERATION	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	NGS USED OF DEATH?
SION OF VITA	burial-transi I Mental Hygi ar Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE	USE OF DEATH	P. 21e PLACE	.M. MONTH D .M. OF INJURY	AY YEAR	21c HOW INJURY OCC	CURRED (E	NTER NATURE OF INJUR		ART 1 OR PART 2)	STATE
DIVISION TENDING P	CTOR: After 11 for use as the af Health and 121 is marked	W	while NOT WHILE AT WORK 220. I certify that (I) (t sow the decessed obove, (I) (t still the colors)	his hospital)	ottended th	/ \		d that in (my) (our) opin	, to	Ap	rit	19 15	that (1) (we) last
HOSPITAL OR A	TO FUNERAL DIRECTORNIC Should be detached with the State Dept. MPORTANT: If hem		774. PHYSICIAN'S NAM	duce	1/	Ty WA	, r	22e. ADDRESS	G MEE	DICAL STAF	FIAN []	7h. DATE	8/85
₽ 8 P.	0 % ¥ ₹		SURIAL, CREMATION, RE		23b. D 10-	1	NAME OF C	EMETERY OF CREMATO		JOCATION CITY OR TOWN AMBRIDGE		COUNTY	ME.
	16 50M 4/83 (15, 4)	24 FI	URRAN FU	UERA	LHon	1E CAM	308 H BR406	16 H ST. 250	APR 1	O 1985	256 REGISTI	RAR'S SIGNAL	Historia

8702018 F1-110-10 AND THE PROPERTY OF THE PROPER Proceeding Cont Cont Office Cone December 1910 Contract Course House Course C

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICAT	TE OF DEATH	REG. I	NO.				
I. DECEASED NAME (TYPE OR PRINT) WILL	AM K	WYNK	.00 P	20. DATE OF DEATH	WONTH 21	8 /8	YEAR 5	26. HOU	
3 SEX	4. RACE	5 DATE OF BIR	TH	6. AGE IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
Male	White	момтн	2 94	90	YRS.	MONTHS	UAYS	HOURS	MIN
Inknown	76 CITIZEN OF WHA	T COUNTRY? 8. MARRIED	NEVER MARRIED		_	oun"	ty		

18. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sawmill Cambridge Retired Dorchester General USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136, COUNTY 13. STREET ADDRESS 136. INSIDE CITY LIMITS? Dorcheste ienna YES FY NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Unknown Unknown nkoor ADDRESS 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one	e cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSED BY. IMMEDIATE CA	USE (0) STEOKE	11 days
Conditions, if ony, which	OUE TO, OR AS A CONSEQUENCE OF (b) HYPERTENSION	48988
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	

	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTO	OPSY?	206 IF YES, WERE FIN	DINGS USED
- 1				_	4	IN CERTIFYING CAUS	SES OF DEATH?
				YES 🗌	NO	YES 🗌	NO 🗌
-	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCURRED	LEMMER NA	TURE OF INJURY	TIN ITEM 18 PART I OR PART	2)
	OR CONTRIBUTING TO CHEST OF DEATH	HOUR A.M. MONTH DAY YEAR					

P.M (IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY

(AT HOME STREET FACTORY OFFICE FARM ETC.)

10 85 22a | certify that (1) (this hospital) attended the deceased from 28

(our) opinion death occurred on the date and hour and from the causes stated did not) view the body after death

72e ADDRESS

STATE

DEGREE ATTENDING PHYSICIAN

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATOR 236. DATE

Burial Vienna, Dorchester, MD 5-2-85 ul's Cemeter 24. FUNERAL DIRECTOR C'D. BY REGISTRAR 256. RECHSTRAR'S SIGNATURE Funeral Home, East New Market. N

pino nd Mentol Hygiene If Hem Depl should be deta MPORTANT: 0

CERTIFICATION

MEDICAL

00 Rem

morked or

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 50M 4/83 (VRA 15, 4)

